FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

				[i icase read i	iliati detiona bei	ore completi	ing and for 140	tice regarding	public buide]							
SECTION 1 - General Informati	ion																
1. Name and Mailing Address of	f Respondent																
Chillicothe Telephone Company 68 E Main St., PO Box 480 Chillicothe, OH 45601													Check here if this is a change of address.				
Year Report Filed Reporting Period (Ending Date of Pay								Number of Full-Time Employees during Selected									
2017		Period C	overed by Rech 31, 20	port)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)										
SECTION II - Full-Time Employ	ees.		-														
Job		Number of Employees (Report employees in only one category)															
		Race/Ethnicity															
Categories		spanic or		Not-Hispanic or Latino													
		Latino	Male							Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N		
	Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0		
Executive/Senior Level Officials and Managers	.1		7						1						8		
First/Mid-Level Officials and Managers 1	.2		13						3						16		
Professionals	2		9						1	1					11		
Technicians	3		54	1					6						61		
Sales Workers	4		5						8	2					15		
Administrative Support Workers	5		2	1					14						17		
Craft Workers	6		1						1						2		
Operatives	7		3												3		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL 1	10 0	0	94	2	0	0	0	0	34	3	0	0	0	0	133		
PREVIOUS YEAR TOTAL	11 0	0	92	2	0	0	0	0	37	1	0	0	0	0	132		

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		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												
				Male Female											Columns A - N	
	Male	Male	Male Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	Н	T-	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2			. No												0
Professionals	2															0
Technicians	3	y= 1.5														0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7														g = [h=1]	0
Laborers and Helpers	8					2 /										0
Service Workers	9													N. C.		0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11		1							1						2
SECTION IV - Report of Disci	rimina	tion Compl	laints Pursua	nt to 47 CFI	R 22.321, 23.	55, 90.168, 101	1.4, and 101	.311.								
This is to advise the company before a This is to advise the (Attach a list indic	ny bo ne Coi	dy having co mmission th	ompetent juris	diction in suc g complaints	ch matters du	ring the calend ations of the pro	ar year cove	ered by this rep any equal emp	oort. loyment oppor	tunity statute	e have been fi	led against this	s company.			
SECTION V - Certification					27.0											
I certify that to the best of my k					ents in this re	port are true a										
05/24/2017			Name of Perso lassburn	0 0	Signature Telephone No. (740) 772-8459											
Title of Person Signing Exec GM. Strategy & Analytics					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATIO OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											